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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                       |                          |                                                   |                                  |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|--------------------------|---------------------------------------------------|----------------------------------|---------------------------------------|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     |                                                       |                          | Application or Docket Number<br><b>10/595,463</b> | Filing Date<br><b>01/23/2007</b> | <input type="checkbox"/> To be Mailed |
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |                                                       |                          | <b>OTHER THAN<br/>SMALL ENTITY</b>                |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Column 1)                                          | (Column 2)                                            | (Column 3)               | SMALL ENTITY <input checked="" type="checkbox"/>  | OR                               | SMALL ENTITY                          |
| <input type="checkbox"/> <b>BASIC FEE</b><br>(37 CFR 1.16(a), (b), or (c))<br><br><input type="checkbox"/> <b>SEARCH FEE</b><br>(37 CFR 1.16(b), (f), or (m))<br><br><input type="checkbox"/> <b>EXAMINATION FEE</b><br>(37 CFR 1.16(c), (g), or (j))<br><br><b>TOTAL CLAIMS</b><br>(37 CFR 1.16(j))<br><br><b>INDEPENDENT CLAIMS</b><br>(37 CFR 1.16(h))<br><br><input type="checkbox"/> <b>APPLICATION SIZE FEE</b><br>(37 CFR 1.16(e))<br><br><input type="checkbox"/> <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(j)) | NUMBER FILED<br>N/A                                 | NUMBER EXTRA<br>N/A                                   | RATE (\$)<br>N/A         | RATE (\$)<br>N/A                                  |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | minus 20 =                                          | *                                                     | N/A                      | N/A                                               |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | minus 3 =                                           | *                                                     | N/A                      | N/A                                               |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                       | X \$ =                   | X \$ =                                            |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                       | X \$ =                   | X \$ =                                            |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                       | TOTAL                    | TOTAL                                             | TOTAL                            |                                       |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |                                                       |                          | <b>OTHER THAN<br/>SMALL ENTITY</b>                |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Column 1)                                          | (Column 2)                                            | (Column 3)               | SMALL ENTITY                                      | OR                               | SMALL ENTITY                          |
| <b>AMENDMENT</b><br><br><b>09/08/2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</b> | <b>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</b> | <b>PRESENT<br/>EXTRA</b> | RATE (\$)                                         | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             |
| Total (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | * 58                                                | Minus ** 92                                           | = 0                      | X \$25 =                                          | 0                                | X \$ =                                |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | * 2                                                 | Minus *** 3                                           | = 0                      | X \$105 =                                         | 0                                | X \$ =                                |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                       |                          |                                                   |                                  |                                       |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |                                                       |                          |                                                   |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                       | TOTAL ADD'L<br>FEE       | 0                                                 | OR                               | TOTAL ADD'L<br>FEE                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Column 1)                                          | (Column 2)                                            | (Column 3)               | RATE (\$)                                         | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             |
| <b>AMENDMENT</b><br><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</b> | <b>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</b> | <b>PRESENT<br/>EXTRA</b> | X \$ =                                            | X \$ =                           | X \$ =                                |
| Total (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | * *                                                 | Minus **                                              | = =                      | X \$ =                                            | X \$ =                           | X \$ =                                |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | * *                                                 | Minus ***                                             | = =                      | X \$ =                                            | X \$ =                           | X \$ =                                |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                     |                                                       |                          |                                                   |                                  |                                       |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |                                                       |                          |                                                   |                                  |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                       | TOTAL ADD'L<br>FEE       | 0                                                 | OR                               | TOTAL ADD'L<br>FEE                    |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*Legal Instrument Examiner:  
/NICOLLE SCRIVNER/